

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014369	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/14/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LEXINGTON OF WHEELING

**730 WEST HINTZ ROAD
WHEELING, IL 60090**

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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1010h) 300.1210b) 300.1210d)5) 300.3240a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. (B)</p>	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	Continued From page 1 Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act) These Requirements are not met as evidenced by:	S9999		

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S9999	<p>Continued From page 2</p> <p>Based on observation, interview and record review, the facility failed to: properly identify a pressure sore, properly categorize a pressure sore, notify the wound care physician when the wound worsened, implement interventions as recommended by the wound care physician and ensure that a nutritional assessment was performed. These deficient practices affected one resident (R9) of five residents reviewed for pressure sores in a sample of 27. This failure resulted in R9 developing a worsening pressure sore on the coccyx area.</p> <p>Findings include:</p> <p>On 1/11/16 at 10:15 AM, E15 (CNA-Certified Nurse Assistant) performed R9's incontinence care. As E15 removed R9's incontinence brief, a wound was noted on R9's coccyx area. E15 stated, "(R9's) had this a long time."</p> <p>R9's name was not listed on a facility document that was submitted on 1/10/16 and titled, "Wound Analytics - Active Wounds."</p> <p>R9's name was listed on the document which indicated all wounds in the facility. R9's wound was categorized as MASD (moisture-associated skin damage) due to incontinence with a start date of 10/27/15.</p> <p>On 1/11/16 at 11:30 AM, Z6 (Wound Care Physician) stated, "(R9) has a Stage 3 pressure sore on the coccyx. Slow healing. She has had it for 2-3 months." As Z6 performed R9's wound care, Z6 stated, "It's worse from last week. We'll have to change treatment." On 1/11/16, R9's wound care treatment order was changed from Fibracol once a day to Metrocream 0.75% twice a</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>day. Z6 stated, "I suspect fecal matter is infecting the wound. Metrocream is Flagyl, antibiotic."</p> <p>R9's Wound Care Evaluation Notes dated 10/27/15 documents that R9's pressure sore is a Stage 3.</p> <p>On 1/11/16 at 2:10 PM, E20 (Wound Care Nurse) stated, "What happened was (R9's) wound started as moisture related. It transformed into a pressure ulcer. All my assessments were coming under the category of MASD versus pressure. On the first page of my weekly assessments, I have to indicate pressure versus MASD. I did not do that so her wound remained categorized as MASD. (R9's) wound (dressings) should have been changed by me. The (evening) floor nurses would do the wound care whenever scheduled." E20 continued, " Stage 3 daily wound treatment should be done by wound care nurse. I performed her dressings weekly, not daily. There were no notifications to the wound doctor for the times when the wound worsened. Because I'm certified, I would've noticed the change in the wound sooner and notified (Z6)."</p> <p>On 1/11/16 at 11:00 AM, E2 (DON-Director of Nursing) stated, "The wound nurse gives an updated wound list weekly. (E20) admitted that she totally forgot to convert (R9's) MASD wound in our computerized assessment into pressure sore category."</p> <p>According to R9's Treatment Administration Records from September 2015 through January 2016, there was no continuity in floor nurses providing treatment to R9's coccyx wound.</p> <p>R9's Wound Care Evaluation Notes document an increase in the size of R9's wound from 0.4 cm</p>	S9999			

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S9999	<p>Continued From page 4</p> <p>(centimeters) length X 0.4 cm width x 0.1 cm depth on 11/30/15 to 1 cm X 0.5 cm x 0.1 cm on 12/7/15. Z6 had not been notified of the wound's worsening. On 12/7/15 during wound rounds, Z6 changed the treatment order from Fibracol daily to Medi-honey daily.</p> <p>R9's Wound Care Evaluation Notes document an increase in the size of R9's wound from 1.0 cm length X 1.0 cm width x 0.1 cm depth on 12/21/15 to 1.2 cm X 1.0 cm x 0.1 cm with slough on 12/28/15. Z6 had not been notified of the wound's worsening. On 12/28/15 during wound rounds, Z6 changed the treatment order from Medi-honey daily to Fibracol daily.</p> <p>R9's Wound Care Evaluation Notes document an increase in the size of R9's wound from 1.5 cm length X 1.0 cm width x 0.1 cm depth on 1/4/16 to 2.2 cm X 2.0 cm x 0.5 cm with on 1/11/16. Z6 had not been notified of the wound's worsening. On 1/11/16 during wound rounds, Z6 changed the treatment order from Fibracol daily to Metrocream twice daily.</p> <p>On 1/11/16 at 12:10 PM, Z6 stated, "What do I expect of the nurses when treating a pressure wound? Follow orders, preventative measures, nutritional evaluation/assessment." Z6 indicated that R9's wound is unavoidable. Z6 stated, "But, even if unavoidable, we have to treat to try to prevent worsening. If there's significant change in the wound, then I would expect that the wound care nurse measures the wounds and updates me."</p> <p>Z6's Wound Care Evaluation Notes dated 10/27/15 document: Today's recommendations/Preventative Measures for the Nursing Facility: Stage appropriate Pressure</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>reduction mattress. Mattress - High Risk, IV, III = LAM (low air mattress). 4. Nutrition - Continue Dietary Follow-up of Nutritional Needs.</p> <p>On 1/12/16 at 1:40 PM, E20 (Wound Care Nurse) was standing outside of R9's room. E20 stated, "No, she's not on an air mattress. She was at one point. But not right now. Will take care of that right away."</p> <p>On 1/12/16 at 2:58 PM, E2 (DON) indicated that the dietitian was going to see (R9) today. E2 stated, "Since she triggered for macerated wound versus pressure sore, there was no orders or evaluation from a nutritional standpoint regarding pressure sore."</p> <p>On 1/12/16 at 3:00 PM, Z7 (Dietitian) stated, "The RD (Registered Dietitian) will see anyone with pressure sores or upon request. If triggered as a pressure sore (on weekly report), I will see those residents monthly because they are high risk. If Stage 1 or 2, the dietary tech can see them. If more than one pressure ulcer or Stage 3 or 4, I would be the only one allowed to see the resident. I saw (R9) on 1/7/15 for follow up due to tube feeding. Pressure ulcer not triggered. It should be one gram per kilogram (of protein) with pressure ulcer. I would've increased her to 1.2 grams per kilogram. I was informed today regarding(R9's) pressure sores. I put a new order in to increase tube feeding to one hour more a day and I recommended Promod twice a day to promote wound healing."</p> <p>R9's Care Plan documents, in part: Problems: (R9) at risk for further skin breakdown Interventions: Perform nutritional screening. Adjust diet /supplements as indicated to reduce the risk of skin breakdown. Monitor skin daily</p>	S9999			

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S9999	<p>Continued From page 6</p> <p>during care and report changes. Use pressure-reducing mattress and cushion when sitting. Notify physician of changes as needed. An updated Care Plan to reflect the Stage 3 pressure ulcer on R9's coccyx was created on 1/11/16.</p> <p>The facility's Job Description for Wound Care Nurse documents: Accurately measures and stages wounds, Conducts regular wound measurement rounds to assess for wound healing progress, Demonstrates initiative in assessing wound needs for all patients/residents and takes ownership in implementing necessary follow-up.</p> <p>The facility's Clinical Practice Guidelines dated May, 2011 documents, in part: Stage III Pressure Ulcer Clinical Strategies: Employ pressure reduction devices (mattress replacements, specialty beds, cushions). Ensure adequate nutrition and hydration.</p> <p>The facility policy dated 4/14 and titled, "Pressure Ulcer Weekly Assessment" documents: POLICY: Pressure ulcers will be assessed weekly and PRN (as needed) to identify the effectiveness of the treatment plan and the progression of the healing process. PROCEDURE: 8. Assessment of Treatment Efficacy. b. Notify the physician if the wound worsens or remains static for more than three weeks. C. Adjust the treatment plan accordingly.</p> <p style="text-align: center;">(B)</p> <p>300.615e)</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>This requirement is NOT MET as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to conduct required criminal background checks within 24 hours of admission for two residents (R13, R26) in the sample and eight residents (R37, R38, R39, R40, R41, R42, R43, R44) in the supplemental sample out of 10 residents reviewed for admission criminal background checks.</p> <p>Findings include:</p> <p>On 1/13/16 at 10:30 AM, E1 (Assistant</p>	S9999			

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S9999	<p>Continued From page 8</p> <p>Administrator) stated that resident background checks are conducted by checking the Illinois Department of Corrections (IDOC) database. E1 presented an alphabetical listing of names and stated it served to illustrate that they can access all names of persons with convictions in the State of Illinois. E1 also provided 10 pages, each with the name of a resident handwritten on the bottom of a page with a portion of the IDOC alphabetical search that captured the range of names in which the resident's name would appear. The sheets with the names of R26, R38, R39, R40, R42, and R43 did not bear dates to show when the reports were obtained. No sex offender checks and no reports from the Illinois State Police (ISP) were provided by E1. E1 explained that the IDOC database is checked pre-admission and that other background checks can be done anytime after residents are admitted.</p> <p>On 1/13/16 at 11:30 AM, E10 (Admissions Director) stated background check documents are saved in computer files after being checked on the electronic system and that the facility uses a third party search software. E10 demonstrated how the system allows a search of the IDOC system and the Sex offender site via software links. No link was demonstrated for ISP checks via the third party software.</p> <p>E10 stated he does not print documents but saves them as computer files when they are obtained. E10 was observed making various attempts to search saved files on E10's computer files. Multiple files had been created 1/13/16, with some older file documents retrieved from transfer records obtained from residents' prior facilities or hospitals. When no date appeared on a document, the computer file properties were checked to determine when the file was</p>	S9999			

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S9999	<p>Continued From page 9</p> <p>created/saved on the computer. Based on the records located, the following search results were determined to have been initiated beyond the required 24 hour search timeframe:</p> <p>R13 was admitted 1/8/16. The ISP search was conducted on 1/13/16.</p> <p>R37 was admitted 1/8/16. The ISP search was conducted on 1/13/16.</p> <p>R38 was admitted 1/4/16. The ISP search was conducted on 1/13/16.</p> <p>R26 was admitted 1/4/16. The ISP search was conducted on 1/13/16.</p> <p>R39 was admitted 1/3/16. The ISP, IDOC and Sex Offender searches were conducted on 1/13/16.</p> <p>R40 was admitted 1/1/16. The ISP search was conducted on 1/13/16.</p> <p>R41 was admitted 12/29/15. The ISP search was conducted on 1/13/16 while the surveyor was present, as no history of an earlier search was found in the ISP request list.</p> <p>R42 was admitted 12/26/15. The ISP search was conducted on 12/31/15.</p> <p>R43 was admitted 12/23/15. The ISP search was conducted 12/31/15. The IDOC and Sex Offender searches were conducted on 1/13/16.</p> <p>R44 was admitted 12/23/15. The ISP search was conducted on 12/31/15.</p>	S9999		

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